

MULTIPLE INDEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

10/514424

APPLICANT(S)

CLAIMS

| | AS FILED | AFTER AMENDMENT | AFTER AMENDMENT | |
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| | IND. DEP. | IND. DEP. | IND. DEP. | |
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| TOTAL DEP. | 10 | ← | ← | ← |
| TOTAL CLAIMS | 11 | | | |

| | AS FILED | AFTER AMENDMENT | AFTER AMENDMENT | |
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| TOTAL IND. | | ↓ | ↓ | ↓ |
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| TOTAL CLAIMS | | | | |